

# Kansas Behavioral Health Risk Bulletin



## *Kansas Department of Health and Environment*



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Bureau of Chronic Disease and Health Promotion

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## AIDS/HIV in Kansas

Acquired immunodeficiency syndrome (AIDS) is a life-threatening condition representing the later stage of infection with the human immunodeficiency virus (HIV). Infection with HIV results in slow, but progressive damage to the immune system and certain other organ systems (e.g. the brain)<sup>1</sup>. An estimated 1 million people in the United States are infected with HIV, and many are not aware that they have the virus<sup>2</sup>. Although the length of time required for a person to develop AIDS after being infected with HIV varies, about 50% of persons develop AIDS within 10 years of infection, and another 40% will develop other illnesses associated with HIV infection<sup>2</sup>. About 80 to 90% of persons with AIDS die within 3 to 5 years of diagnosis<sup>1</sup>. In Kansas, there have been 1,590 cases of AIDS and 1,008 deaths due to AIDS reported through December 31, 1995<sup>3</sup>. Although treatment of the HIV infection and AIDS complications may prolong life, there is no known cure for AIDS, nor a vaccination to protect against HIV infection. Priority should be given to preventing persons uninfected with HIV from contracting the virus.

HIV is transmitted by sexual contact, both homosexual and heterosexual; by blood or blood products; or by an infected mother to infant during pregnancy, birth, or via breast milk\*. There is no evidence that HIV can be transmitted through casual contact or by the bite of an insect like the mosquito<sup>4</sup>.

Many persons develop a mononucleosis-like illness lasting for a week or two, several weeks to months after they are infected with HIV. An infected person may then be free of signs or symptoms of illness for a couple of months to 10 years or more,

appearing to be perfectly healthy during this time. The onset of HIV-related illness is usually manifested in general symptoms such as weight loss, fever, tiredness, diarrhea, loss of appetite, and enlarged lymph glands<sup>4</sup>. As the immune system progressively deteriorates, certain infections and cancers not commonly seen in healthy individuals result in severe and eventually fatal illness. Some of the infections seen in persons with AIDS include pneumocystis pneumonia, tuberculosis, cryptococcal meningitis, and toxoplasmosis; cancers include Kaposi's sarcoma and lymphoma<sup>1</sup>.

People who are at increased risk for contracting HIV include: men who have sex with men, injecting drug users (IDU) and their sexual partners, persons with multiple sex partners, and babies born to mothers infected with HIV. (Currently 15% to 30% of infants born to HIV-infected mothers are infected before, during, or shortly after birth.<sup>1</sup>) African-Americans and Hispanics have suffered a disproportionate number of cases of HIV and AIDS compared with other ethnic groups.

Because HIV is primarily transmitted through sexual activity, the best ways to avoid infection are abstinence or a mutually monogamous relationship between two HIV-negative individuals. For persons who do not choose to be abstinent or monogamous the best protection against infection is a properly used latex condom with water-based lubricant. Injecting drug use only results in HIV infection when a person uses a needle previously used by an HIV infected person. Decreasing the use of dirty needles has been effective at decreasing the rate of HIV infection among IDUs. All pregnant women should be counseled and offered HIV testing. Persons known or found to be infected

with HIV should consult their physicians about treatment options. Treatment early in pregnancy has been shown to lower the odds of the mother infecting her unborn child.

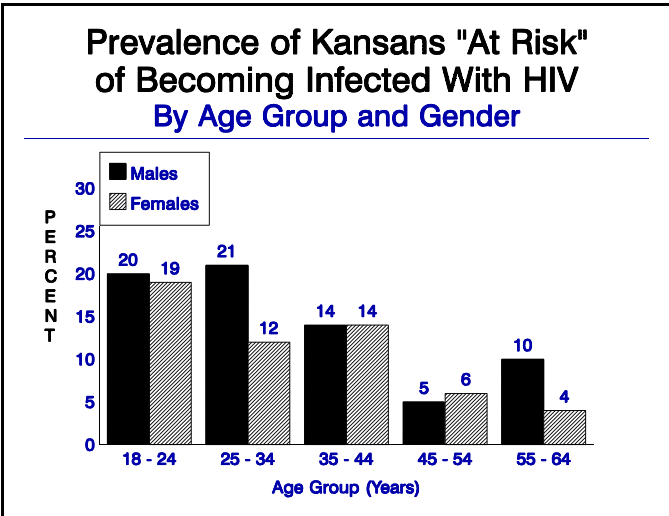
In 1993, the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion, conducted the Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the health risk behaviors among adult Kansans (aged 18 and older) through a random digit-dialed telephone interview. Respondents aged 18 to 64 were asked "What are your chances of getting the AIDS virus? Would you say high, medium, low, or none?" In this bulletin, Kansans reporting that they were at high or medium risk of contracting the AIDS virus are considered "at risk." Respondents were then asked "Except for donating or giving blood, have you ever had your blood tested for the AIDS virus infection?" Those answering yes are considered to have had an HIV test.

This bulletin examines HIV risk and testing among Kansans, interventions to help prevent the spread of the HIV infection, and the Healthy Kansans 2000 objectives relating to HIV and AIDS. All prevalence rates include respondents aged 18 to 64. Respondents aged 65 and older were not asked questions about HIV and AIDS.

Self-Reported HIV Infection Risk

**Overall:** According to the 1993 BRFSS survey, two percent of Kansans reported they are at high risk for HIV infection; 11% medium; 41% low; and 42% as none. African-American and Hispanic Kansans also reported a greater

Figure 1

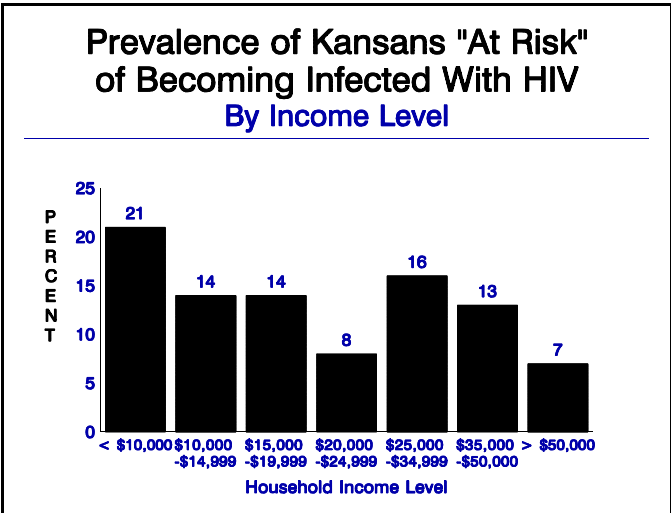


proportion of persons "at risk" than other ethnic groups.

**Age Group and Gender (Fig. 1):** Men are more likely to report being at risk (15%) than women (11%). This is consistent with the higher incidence of AIDS in Kansas among men than women (91% of Kansas AIDS cases are among males<sup>3</sup>). The number of Kansans reporting that they are "at risk" of contracting HIV is highest in the younger age groups and decreases with increasing age. Kansans aged 18 to 24 are most likely to report being "at risk" (19%).

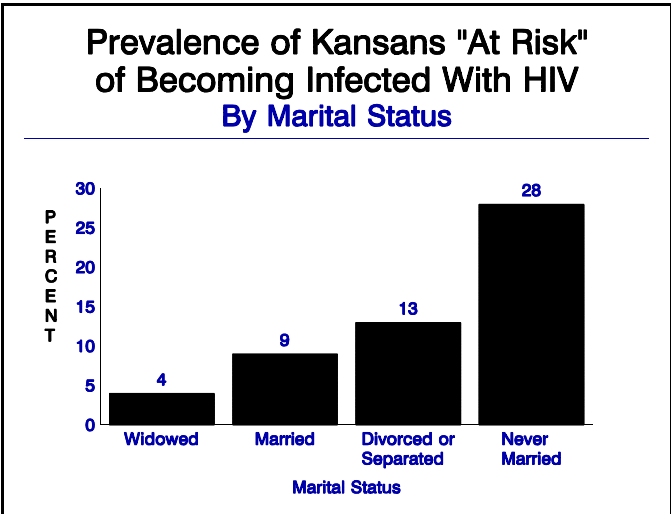
**Income (Fig. 2):** The proportion of Kansans reporting they are "at risk" is highest among

Figure 2



Kansans with household incomes of less than \$10,000 (21%). Kansans with household incomes of greater than \$50,000 have the lowest proportion of persons "at risk" (7%).

Figure 3



**Marital Status (Fig. 3):** Widowed Kansans are least likely to report being "at risk" for HIV infection (4%), while never married Kansans are the most likely (28%) to report being "at risk".

**Education:** Twenty percent of Kansans with some college report being "at risk" compared to 9% of Kansans with a high school diploma or less and 10% of college graduates.

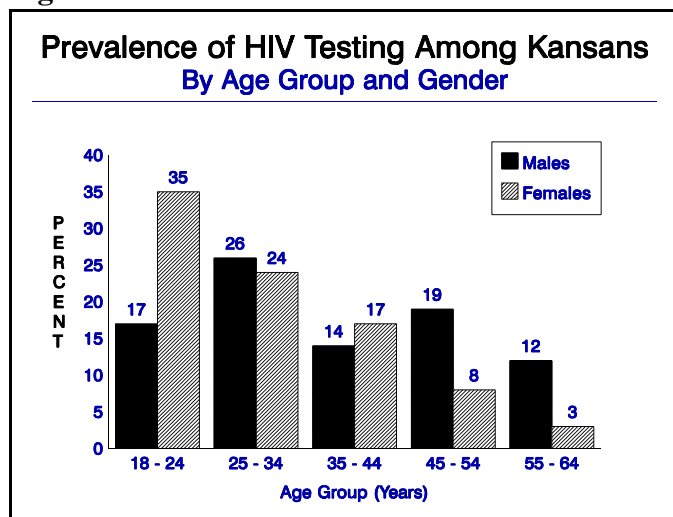
### Prevalence of HIV Testing

**Overall:** Eighteen percent of Kansans report that they have ever had their blood tested for HIV.

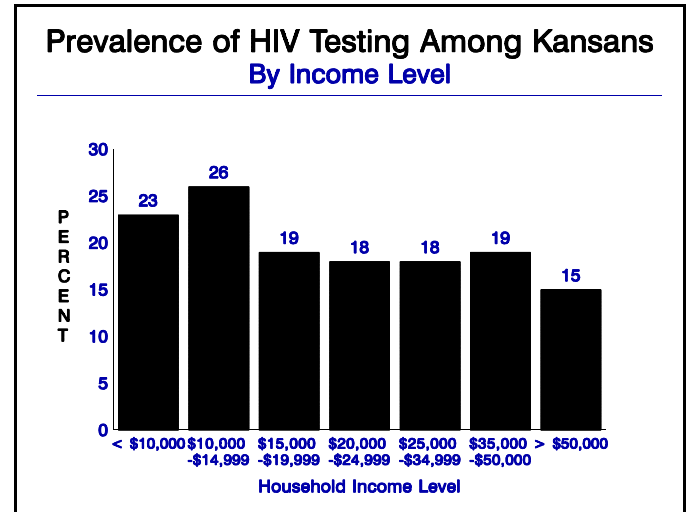
**Age Group and Gender (Fig. 4):** Eighteen percent of both men and women reported that they have ever had an HIV blood test. The proportion of Kansans reporting that they have ever had an HIV test is highest among Kansans aged 18 to 24 (26%) and decreases with advancing age to 7% among Kansans aged 55 to 64.

**Income (Fig. 5):** Kansans with lower household incomes are slightly more likely to have ever had an HIV test than Kansans with higher household incomes.

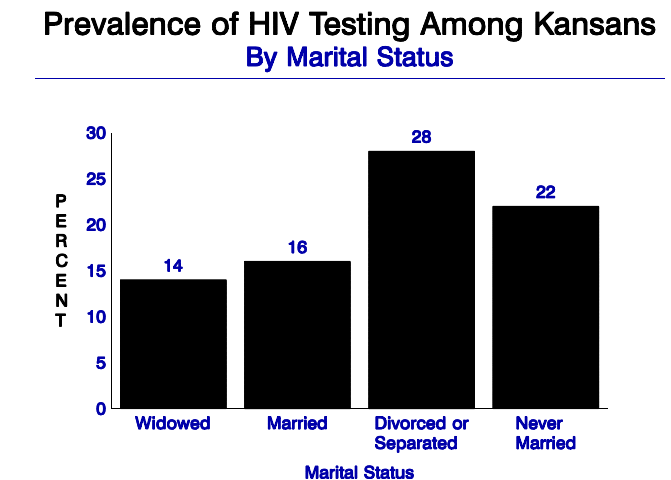
**Figure 4**



**Figure 5**



**Figure 6**



**Marital Status (Fig. 6):** Divorced or separated Kansans have the highest proportion of persons who have ever been tested for the HIV infection (28%). Widowed Kansans report the lowest proportion of persons who have ever had an HIV test (14%).

**Education:** Kansans without a high school diploma are more likely to report having an HIV test (25%) than Kansans with a high school diploma (16%), some college (18%), or college degrees (18%).

**Conclusions:** According to the 1993 BRFSS survey the following groups are at self-reported increased risk of contracting the HIV infection:

- \* African-American and Hispanic Kansans
- \* Male Kansans

- \* Kansans aged 18 to 24
- \* Kansans with household incomes below \$10,000
- \* Kansans who have never married
- \* Kansans with some college (< 4 yr. degree)

**Recommendations:** The following interventions are recommended to slow the spread of the HIV infection:

1. Increase public awareness and appropriate health education regarding preventing and controlling the spread of HIV/AIDS.
2. Increase the ability of community-based organizations to deliver HIV/AIDS and other sexually transmitted diseases (STDs) prevention and education programs to those at risk.
3. Expand educational campaigns aimed at individuals engaging in high-risk behaviors for HIV/AIDS and other STDs.
4. Improve training and continuing education for health care professionals in both treatment and prevention of STDs, especially HIV/AIDS.
5. Update the public and health care providers on current recommendations for the prevention and control of HIV/AIDS and other STDs.

**Healthy Kansans 2000 Objectives:** The Healthy Kansans 2000 objectives for HIV/AIDS are to:

1. Control the rate of increase in new AIDS cases to obtain an incidence of 17 or less per 100,000 Kansans [Baseline: 11.6 (1994)].
2. Control the rate of increase in AIDS deaths to obtain a mortality rate due to AIDS of no more than 6 per 100,000 Kansans [Baseline: 5.0 (1994)].
3. Control the rate of increase of HIV infection among child-bearing women to an incidence of no more than 25 per 100,000 live births

[Baseline: 19.0 (1994)].

4. Increase to at least 50% the proportion of primary care and mental health providers which provide age-appropriate counseling on the prevention of HIV and other STDs

[Baseline: N/A].

#### References:

- 1 Acquired Immunodeficiency Syndrome. IN: Benenson AS, ed. *Control of Communicable Diseases Manual*. Washington, D.C.: American Public Health Association; 1995:1-8.
- 2 *Healthy People 2000, National Health Promotion and Disease Prevention Objectives*. Washington, D.C.: Dept. of Health and Human Services; Sept. 1990. DHHS publication 91-50212.
- 3 *AIDS Quarterly: Kansas and the United States*. Topeka, KS: Kansas Dept. of Health and Environment, Bureau of Disease Control, AIDS section; January 1996.
- 4 Fauci AS, Lane HC. Human Immunodeficiency Virus (HIV) Disease: AIDS and Related Disorders. IN: Isselbacher KJ, Braunwald E, Wilson JD, Martin JB, Fauci AS, Kasper DL, eds. *Harrison's Principles of Internal Medicine*. McGraw-Hill; 1994; Vol.2:1566-1618.

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